



VOLUNTEER DRIVER APPLICATION FORM 2022-23 School Year

Westside Christian Academy | 23096 Center Ridge Rd. | Westlake, OH 44140

Phone: 440-331-1300 | Fax:440-331-1301

Volunteer drivers are a critical partner to WCA for the transportation of students/staff to field trips and other events that are consistent with the mission of the school. In order to reduce any liability to the school or volunteer, WCA requires the completion of this form annually. By completing this form, you are agreeing to WCA obtaining & reviewing the following: Driving Record History and Criminal Background Check. Furthermore, each volunteer driver is required to provide the following: copy of driver's license and proof of insurance.

Application Deadline: January 20, 2023

Legal Name: First _____ Middle _____ Last _____

Phone: _____ SS#: _____ - _____ - _____

Relationship: Parent / Grandparent / Other: _____

Student: _____

Make/Model/Year: Car #1: _____ Car #2: _____

Number of working seat belts: Car #1: _____ Car #2: _____

Yes No Are you licensed to drive a commercial vehicle?

Yes No Have you been in an accident in the last three years? If yes, explain on back of form

Yes No Within the past 5 years, have you been convicted of or had your license suspended due to any of the following; DWI/DUI of alcohol or drugs, driving with an open container (alcohol), license suspension due to moving violations, reckless/careless driving, speeding in excess of 14mph over speed limit, hit and run, eluding an officer, driving while under suspension or revocation, vehicular assault/manslaughter/homicide, operating a vehicle without owner's permission, speed contest/racing, use of a vehicle to commit a felony, passing a stopped school bus?

Yes No Within the past 3 years, have you been ticketed for any moving violation(s)?

Note: Drivers with more than 1 ticketed moving violation within the past 3 years will be disqualified from driving in accordance with WCA's insurance policy guidelines

Requirements for Volunteer Drivers

I certify that for the 2022-23 school year:

- I possess a valid _____(state) drivers license. **Please attach a photocopy of your driver's license and proof of insurance.**
- I will contact my insurance agent to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip that might affect my ability to meet the qualifications for a volunteer driver.
- I will maintain the minimum insurance coverage required by the state of Ohio for the vehicles listed above and will only be permitted to drive when such insurance policies and coverage are in force.
- I understand that in case of any type of accident, injury, or vehicle damage, the school's liability insurance policy does not provide primary or direct insurance on my vehicle. The school's insurance will take effect only after my personal auto insurance limits are exhausted.
- I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, nonrenewal of license, termination of license, change of insurance company, termination of insurance, or change in vehicle.
- Students riding in my vehicle(s) will be seated in both the front and back seat, in accordance with state law and manufacturer guidelines. Younger students will not be seated in front with air bags. All students will be secured with individual working seatbelts. Booster seats are to be used as required by law.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).

Declaration and Signature

I affirm that I will carefully transport students under my care, including obeying all traffic laws. I will not text while driving, this includes setting up a navigation system. The information given on this form is true and correct to the best of my knowledge. **(Please attach a photocopy of your driver's license and proof of insurance).** By signing below, I acknowledge that I have received the "[A Summary of Your Rights Under the Fair Credit Reporting Act](#)" document and I authorize WCA to perform a background check.

Signed: _____ Date: _____

SECTION IV – School Administration Approval

_____ Approved _____ Not Approved – Reason _____

Administrator's Signature: _____ Date: _____